VR A15 (4) 1SM 9/S9

7175

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDT	IEICA:	TE OF	DEATH	ı
CEKI	IFICA	IE OF	DEATE	1

ī	PLACE OF DEATH	1 2 2 3	-			2. USUAL RESIDEN	ICE (Where decease			ce befare	admissi	on)
I	a. COUNTY St	. Marys			MARYLAND	o. STATE Ma	ryland	b. COUNTY	St.	Mar	ys	
	b. CITY OR TOWN (If RURAL and give ned		ts, write	c. LENGTH OF	STAY IN 16	c. CITY OR TOV	VN (If autside corp	orote limits, write F	RURAL ond	give near	est town) —
1	Leonard					Le	xington	Park				
	d. NAME OF HOSPITA	L (If not in hospital, g	jive street	address)		d STREET ADD	RESS			e	. IS RESI	DENCE FARM?
L		larys Hos	pita	1		Ru	ral					NO X
3.	NAME OF DECEASED	Fir	st		Middle	Last	4. DATE	Moi	nth	Day	Y	/ear
	(Type or print)	Joseph			C	ampbell	DEATH	June		23	1	9 61
S	. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER	MARRIED X	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER		F UNDE Hours	R 24 HRS. Min.
	male	colored	WIDOW	ED DIV	VORCED 🔲	Sept. 6	, 1907	53 yrs.	Monns	Doys	nours	MIN.
10	Da. USUAL OCCUPATION during most af warki	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSIN	NESS OR INDU	STRY 11. BIRTHPLACE	E (State or foreign o	cauntry)	12.CIT	ZEN OF	WHATC	OUNTRY?
	Janitor		'	Stor	е	Mary	land			U	SA	
13	B. FATHER'S NAME		- 45			14. MOTHER'S MA	AIDEN NAME					
	Geo	rge Camp	bell		11.0	Juli	a Johns	on				
) [3	. WAS DECEASED EVER		CES? 16.	SOCIAL SECURI	TY NO. 17, IF	FORMANT		Add	ress			
	no				Ja	mes Camp	bell - 1	Hollywoo	od. N	d.		
	18. CAUSE OF DEAT	TH [Enter anly one co	use per	he far (a), (b), a	nd (c).]	P	A.,	0-	1	INTER	VAL BET	WEEN
	PART I. DEATH WAS CAUSED BY: Carcinona green (1011)											
1	163X	DUE TO				10	1		/			
	Conditions, if on		1			1						
1	gove rise to im cause (o), stoting to	mediate DUE TO	,									
	lying couse lost.) (0	:)(:	176.30								
2	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	ETERMINAL DISEA	SE CONDITION GI	VEN IN PAR	T 1(o) 19	. WAS A	AUTOPSY RMED?
TA	5										_	
MOITACIDITAGO	20a. ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJ	URY OCCURRE	D. (Enter nature of in	ijury in Part I or Pa	rt II of item 18.)				/\
		MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye		INJURY OCCURR	£	ACE OF INJURY (Horatory, street, office bl	ne, farm, 20f. (Cit	y ar tawn)	(County)		(Stote)
MER	p. m.	19	While of wa	rk ot work		1	, ,					
	21. I certify that	(1) (this hospita	l) ditten	ded the dece	ased fram.	SUUNY	194/10	23 Vum	196	L the	it (I) (s	we) last
	saw the decease	7 (10	//		death accurred o	M, fram	the causes ar	nd an the	(
	220. SIGNATURE	$\mathcal{O}_{\mathcal{I}}$	111		NAI	2						
	Im	m/11.	160	In.	-111111	M.D. PHYS.	MED.	STAFF PHYS.		6/2	4/6:	SIGNED
	22c. PHYSICIAN'S NAME (Type)				1	22d. ADDRESS		22	11-11			111
	(type)	Ernest R	ehm,	MD		Leons	rdtown,	Md.				
2	30. BURIAL, CREMATION	V, 23b. DATE THEREC	OF	23c. NAME O	F CEMETERY C	R CREMATORY	23d. LOCA	ATION (City, town,	or caunty)		(Stote	e)
	REMOVAL (Specify)	6/27/	61	Holy	Face	Cemetery	Gı	ceat Mil	ls.	Md.		-
3	FUNERAL DECLOR'S	IGNATURE .		ADDRESS			a. REC'D BY REGIS		ISTRAR'S SI		E	
X	PAZDA	mohnuser	BON	ROTOWN	. Ma.	D	ATENN O O 201	3	. 0	~		

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IN TOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be justed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	7175		CERTIFICA	E OF DEA	AIH			0	776	15
1. PLACE OF DEAT	H			2. USUAL RES	SIDENCE (W				ce before	edmission
	. Mary's		MARYLAND	a. STATE	Maryla		b. COUNT	St. 1	lary!	S
b. CITY OR TOWN	(if outside corporete lim	its,	c. LENGTH OF STAY IN 16				nits, write l	RURAL end give		
Leonardt	od give neerest town)		2 days	Rural	Grea	t Mills	\rightarrow			
	PITAL OR INSTITUTION	(if not in hos		d. STREET AD				1	a. IS R	ESIDENCE
3.	St. Mary's	Hosp:	ital						YES _	A FARM?
3. NAME OF DECEASED	First		Middle	Lest		DATE	Month	Day	Yea	r
(Type or print)	Margaret	t	L.	Dyson			June	22	, 19	61
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH				FUNDER 1 YEAR	IF UNDER	
Female	White	WIDOWE	DIVORCED	Sept. 12.	1885	75	rthdey) yrs.	Months Deys	Hours	Min.
IOe. USUAL OCCUPA	TION (Give kind of wor	k 10b. KI	ND OF BUSINESS OR INDUS		(County & S	itete, or foreign	country)	12. CITIZEN C	F WHAT	OUNTRY
Housew	vorking life, aven if retire r ifa		ome			Maryla	nd	U.S.	. A .	
13. FATHER'S NAME	44	12.		14. MOTHER'S M	AIDEN NAME			0.00	4114	
	Tamas A Wa	44					W- 4+4			
I5. WAS DECEASED E	James A. We		SOCIAL SECTION NO 1 17	INFORMANT	or PII	zabeth !	Address	11		
(Yas, no, or unkown)	(If yes give war or dates of:	sarvice)						. 37		
no	D. P. W MINY TO .	-		rent Dyson	200	t. Mary	's U1	ty, Mar		
	DEATH [Enter only one	cause per li	ne for (a) (b), and (c)	1 %	7/1/29	#_			TERVAL BET	
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	1/2	mucha	tur	relate	ion			mi	n
The state of	DUE TO	1		/	111	6	,		0	
Conditions, if en	y, which 7 (b)	C	ormany	halse	ffl.	ciani	24		da	ell
geva risa to imme	diete cause		-101		//	1	1	^	1	/
(a), steting that couse lest.	underlying DOL 10	12	ilalar	11/5	ino	hope	deer	unus	de	uss
	- (4)	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL D	ISEASE CONDIT	ION GIVE	N IN PART I(e)	19. WAS 4	TOPSY
										RMED?
PART II. OTHI	ZAS HARRINANA EL	L 201 DEC	CAUSE DOWN BUILDING OCCUPA	CD (False and a Control of the	turn in Dani I	D4 11 -6 14	10 \		YES	NO Z
OR CONTRIBUTING	VAS UNDERLYING A	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter neture of in	jury in Part I	or Peri II of Hem	18.)			
	Y MEDICAL EXAMINER)									
20c. TIME OF INJ				ACE OF INJURY (Hor ctory, street, office blo	me, farm, 21	Df. (City or tow	n)	(County)		(Stete)
Hour a.m.		While at work		A ch		1				
21. I certify	that (I) (this hospi	ital) attend	ded the deceased from	Houl	196	1 to ter	ne)	2-1961,	hat (I)	(we) la
	sed alive on	6-12	30 196 / A., and the	/ //	945					
22a. SIGNATURE		9100	/ and the	l coam occurou	1	, 11011/1110	200303	110 011 1110 01		DATE
123. 3101141012	by and 1	MI	L. Voc	ATTENDING	MED. DIRECT	OR PHY	FF C			SIGNE
22c. PHYSICIAN	econox)	1/1	an-	M.D. PHYS.		OK PHI	э. Ц			
NAME (TYP		took	on M D			11s Ma	marl an	d		
			oe M.D.			lls, Ma				
	TION, 23b. DATE THE	. 1/	23c. NAME OF CEMETER		23	d. LOCATION		or county)		itete)
Burial Specific	6/26/6	L	Holy Face	Cemetery		Great M	ills,		Md.	
24 FUNERAL DIRECTO	OR'S SIGNATURE	1 19 19	ADDRESS	25	Sa. REC'D BY	REGISTRAR	25b. REGI	STRAR'S SIGNA	TURE	
W.Clarke N	Mattinglev 1	Leonar	dtown, Maryla	nd	ATEJUN 2	8 '61	0.	1 - 0 4		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

> CEPTIFICATE OF DEATH OMACC

b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Lexington Park d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WIDOWED DIVORCED 12/10/1905 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor Thomas Hardin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (1/6, so, or unknown) 17. WAS DECEASED EVER IN U. S. ARMED FORCES? (1/6, so, or unknown) 18. CAUSE OF DEATH [Enter only one cause per lime for (pt. (b)) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) DUE TO Conditions, if ony, which (b) DUE TO Conditions, if ony, which (c) immediate (c) DUE TO Conditions, if ony, which (c) DUE TO Conditions (c) DUE TO Conditions (c) DUE TO Conditions (c) Conditions (c) DUE TO Conditions (c) DUE TO Conditions (c)								
RURAL and give nearest town) Lexington Park d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE White WIDOWED DIVORCED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor Construction Thomas Hardin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (p). (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which DUCTOR DECEASED (b) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED (c) DUE TO Conditions, if ony, which DUCTOR DECEASED COLOR TO DECEASED (c) DUE TO Conditions of the conditions of the color	b. COUNTYSt. Marys							
d. STREET ADDRESS 4. DATE OF DECEASED (Type or print) VERNON 5. SEX 6. COLOR OR RACE Wildow Divorced Divorced 102/10/1905 103. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor 13. FATHER'S NAME Thomas Hardin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (a) Construction Thomas Hardin 16. SOCIAL SECURITY NO. 17. INFORMANT If yes, give wor or dotte of service) 263 26 4599 Frances L. Hardin 18. CAUSE OF DEATH [Enter only one couse per line for (a) (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which are to immediate to immediate to the property of t	e limits, write RURAL and give nearest town)							
Contractor Construction Constr	e. IS RESIDENCE ON A FARM? YES NO							
S. SEX	Month Doy Yeor June 22 1961							
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor Construction Kentucky 13. FATHER'S NAME Thomas Hardin Dakota Boone 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [If yea, give wor or dotes of service] 18. CAUSE OF DEATH [Enter only one cause per ling for (QL (b)) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) Gave rise to immediate	AGE (In years lost birthday) Months Days Hours Min.							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a). (b) and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) Contractor USA							
5. WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 263 26 4599 Frances L. Hardin 18. CAUSE OF DEATH [Enter only one cause per line for (a). (b): and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which again rise to immediate								
Cause (a), stating the under- lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 120f. (City or	PERFORMED? YES NO P							
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at wark 19 this hospital) attended the deceased from. 21. I certify that (I) (this hospital) attended the deceased from. 22. SIGNATURE	UNE 72, 196 f, that (1) (we) lost							
ATTENDING MED	STAFF PHYS. 6/23/61							

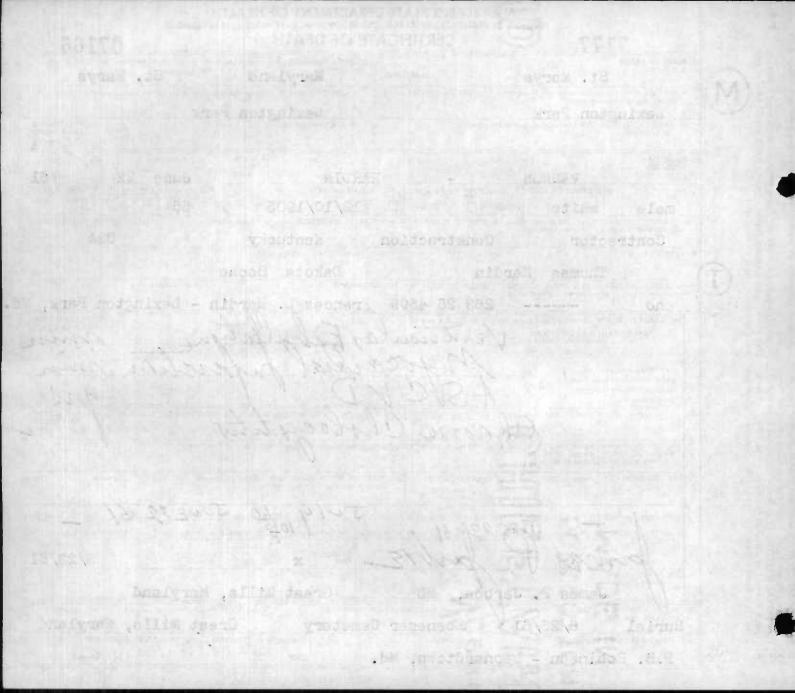
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and the State Board of Health prior to burial, crematian, ar remavol, and in any event, within 72 haurs after death. SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w be retained by the haspital ar attending physician. VR A15 (4) 15M 9/59

6/26/61 24. FUNERAL DIRECTOR'S SIGNATURE P.B. Robinson - Leonardtown, Md.

Ebenezer Cemetery 250. REC'D 8Y REGISTRAR

Great Mills, Maryland 25b. REGISTRAR'S SIGNATURE

JUN 2 7 '61 arthur S. Kraus DATE



PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

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TO COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be to within 24 hours a		hysician	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2.5 to	any eve	
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VR A15 (4) 15M 9/60

MEDICAL CERTIFICATION

23

	DIVISION O	STATISTICAL		AND STATE	DEPA DS, 3	RTMENT OF			LTIMORI	1, MAR	LAND	
		7178		CERTIFICA	TE	OF DEATH				0	716	7
1.	PLACE OF DEATH a. COUNTY	. Mary's		MARYLAI		a. STATE Mary		decease	d lived, If in b. COUNT			e dmission
	write RURAL and	outside corporata limite giva nearest town) hanicsville		c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TOWN			limits, write I	RURAL end giv		wn)
P	d. NAME OF HOSPIT	AL OR INSTITUTION (if	not in hosp	itel, give street address)		d. STREET ADDRESS					ON	A FARM?
3.	NAME OF DECEASED (Typa or print)	First	r	Middle Virginia	Le	Lest	4. DAT OF DEA		Month	24		
_	sex remale	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	2	v.15,1945			E (In years I birthday)	Months Day		R 24 HRS. Min.
10a do	one during most of wor	ON (Give kind of work king life, even if refired child	1Db. Kii	ND OF BUSINESS OR INC	DUSTRY	Abell,	Mary	100	in country)	U.S	A.	COUNTRY
13.	FATHER'S NAME	W 1			1	4. MOTHER'S MAIDEN		-1				
	. WAS DECEASED EVE es, no, or unkown) (If	ncis M. Lav	CES? 16. S	SOCIAL SECURITY NO.		Anna FORMANT ther	Mae N	ame a	Address		NTERVAL BI	
	PART I. DEATH	WAS CAUSED BY, MMEDIATE CAUSE (e)_ DUE TO which (b)_ the cousa		Chaldom	yo.	Sarcomo	~, c	hert	wal	e .	ONSET AND	DEATH
CERTIFICATION	PART II. OTHER		IONS CON	TRIBUTING TO DEATH BE	TON TU	RELATED TO THE TERM	INAL DISEA	SE CONE	DITION GIVE	N IN PART 1(a	19. WAS PERF YES	AUTOPSY ORMED? NO
	OR CONTRIBUTING	S UNDERLYING DAUSE OF DEATH MEDICAL EXAMINER)	2Db. DESC	CRIBE HOW INJURY OCC	CURED. (Enter nature of injury in	Pert I or Pe	ert II of ite	em 1B.)			
MEDICAL	20c. TIME OF INJUR Hour a.m. p.m.	RY Month, Dey, Yea	while	Not While		OF INJURY (Home, fer r, street, office bldg., at		(City or to	own)	(County)		(State)
	21. I certify the		al) attend	ded the deceased fi	_	eath occured at	ED 1	to	causes a	2.4, 1%.1 and on the	date state	we la
	22e. SIGNATURE	Koy J.	ujt	Un mi	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR		TAFF HYS.		22	b. DATE SIGNE
	NAME (Type)	JIKOYE	י למכ	111219						Maryl		
23	a. BURIAL, CREMATIC REMOVAL (Specify)	6/27/61	EOF	St. Josep				Morg	anza,		Md.	Stata)
	FUNERAL DIRECTOR		Leonar	ADDRESS rdtown, Mary	yland		JUN 2			Istrar's sigi		

186. (199) E SHE LE CONTROL OF THE CO to both plate. Leaf Lynes . . Lost - Elbinoslaconos mosio - non rema somewhat all al marine the second of th Lungitan . + Liveolinecol. Ageer worth 20078's Tarroll w. Jarke Jet Lighty - becommitteen, Waryland

07163

o. COUNTY St. Mary's	ARYLAND 2. C	b. STATE Maryl	and b.	COUNTY St.	Mary s	mission}	
b. CITY OR TOWN (If outside corporate limits, write Paturentive RTV LYP) Maryland 2 HRS 4		Patuxent			give nearest t	own)	
d. NAME OF HOSPITAL III not in hospitol, give street address) OR INSTITUTION Station Hospital, USN	VAS,	Patuxent	River, Ma	ryland	0	RESIDENCE N A FARM2	
(Type or print) Robin Lee		ICKENS	4. DATE OF DEATH	June	8 Doy	Yeor 1961	
S. SEX Male Caucasian 7. MARRIED NEVER MA WIDOWED DIVO	ARRIED A B. DA	ine 8, 196	9. AGE Last b	(In years IF UND) irthday) Months yrs.	Days Ho		
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Maurice Eugene PICKENS	14.	MOTHER'S MAIDEN N Kathryn	Jean SNE	EED	wit.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (YNO. or unknown) (If yes, Noar or dates of service) None	Fati	Mant ler: Maur	ice Eugen Lexingto			ınd	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PREMATUR	(c).]				INTERVAL	L BETWEEN ND DEATH	
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO NEONATAL (b) DUE TO (c)	DEATH				2 HF	as 45 MI	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work 19	DEATH BUT NOT	RELATED TO THE TERM!	nal disease condi	TION GIVEN IN PA	PE	AS AUTOPSY REFORMED?	
206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURRED. (En	ter noture of injury in f	Port I or Port II of ite	m 18.}			
ZOc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work		DF INJURY (Home, form, street, office bldg., etc.			(County)	(Stote)	
21. I certify that (I) (this haspital) attended the decease saw the deceased alive an June 8 1961, a	sed fram	6:4	ol June M, fram the ca			l) (we) last ted abave.	
D. D. Kudalh.	M.D.	ATTENDING ME	D. STAFF		June	8, SIQ 961	
22c. PHYSICIAN'S NAME (Type) S. F. RUDOLPH, LT MC	USN	Station He River, Ma:	ospital, ryland	USNAS, I	Patuxen	t	
REMOVAL (Specify)	cemetery or cre		23d. LOCATION (Cit) (Stote)	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. B. Robinson - Leonardton		25a. REC'I		Sb. REGISTRAR'S	- 10		

4 hours ofter death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be the with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours ofter death. ASPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi VR A15 (4) 15M 9/59

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9	Marian Carlina	differenta
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	San All	135
A Max at the track of the track	RECORDER OF THE	
Arlington Various footstall Ta		6
Modification, 25.	Robinson - Lac	

FOR STATE HEALTH DEPT DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after dealers, any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any apartmenting. 0 9

VS. ATSME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7180 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

					11.11	4 10 5
1. PLACE OF DEATH				CE (Where deceased lived, If		ce before edmission)
	Marys	MARYLAND	. STATE Mar	yland b. cour	St. M	arys
b. CITY OR TOWN (if outsi	ide corporete limits,	c. LENGTH OF STAY IN 16		If outside corporete limits, writ		
Leonard		DOA	Lov	eville		
	R INSTITUTION (if not in he		d. STREET ADDRESS	0.111		. IS RESIDENCE
St. Mar	ys Hospital	Constitution of the consti	Ru	ral		YES NO X
3. NAME OF	First	Middle	Last	4. DATE Mont	h Dey	Year
	oseph	Blain Son	nerville	DEATH June	e 3	19 61
5. SEX 6. C	OLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeers last birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	olored WIDOW		March 24,1		Months Deys	Hours Min.
10e. USUAL OCCUPATION (of done during most of working)		KIND OF BUSINESS OR INDUST			12. CITIZEN O	F WHAT COUNTRY?
Mintene		Laundry	Marylan	d	USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Jam	es B. Somer		Lucy Sc	ott		
15. WAS DECEASED EVER IN (Yes, no, or unkown) (Ifyesgi		. SOCIAL SECURITY NO. 17.	INFORMANT	Address		
	*****	C	atherine C.	Somerville-	- Levevi	lle. Md.
	WW 2 H [Enter only one cause per	line for (e), (b), end (c).]			INT	ERVAL BETWEEN
PART I. DEATH WAS	S CAUSED BY: DIATE CAUSE (a)	coronary infa	eret			O min.
420.1	DUE TO					
Conditions, if any, whi	ich) (b)					
geve rise to immediate ce	USB DUE TO					
(e), steting the underly cause lest.	lng (e)					
PART II. OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	/EN IN PART 1(e) 1	
ATT					,	PERFORMED?
PART II. OTHER SIGN OF THE PRIMARY OF CONTRIB CAUSE OF DEATH.		RIBE HOW INJURY OCCURED.	(Enter neture of Injury In Per	t I or Pert II of item 18.)		
	Month, Dey, Yeer 2Dd.	INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, fern	n, ' 2Df. (City or town)	(County)	101.1.1
20c. TIME OF INJURY Hour a.m.	Whi	leNot While fee	ctory, street, office bldg., etc		(County)	(Stele)
	19 et wo					
	William Blood Blood	mains described above, h		_	HAR.	in my opinion
death resulted from:	Natural causes	, Accident, Sui	cide, Homicide	Undetermined m	nanner	
	2101	0	CHIEF MEDICAL	EXAMINER		
SIGNATURE	1/11/3	ond	M.D.	ICAL EXAMINER	D	ATE SIGNED
EXAMINER'S NAME (Type) WID	. D. Boyd,	MD Le	DEPUTY MEDICA onardtown pt.		6/3/	61
22e. BURIAL, CREMATION, 2 REMOVAL (Specify)	2b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town	, or country)	(State)
Burial	6/6/61	St. Josep	h's	Morganza,	Marylah	ıd
23 FUNERAL TOP	1	ADDRESS	24e. REC	'D BY REGISTRAR 246. REG	ISTRAR'S SIGNATU	
The state of	nson - Leon	nardtown, Md	DATE	N 6 '61 a	Muy S. Fran	4
			-			

gyrad .92	Das Frank Paris		ewick .go	
			negtore:	
	Le was	ist	Agros Rospi	. 48
	- soluvinco-	niele	ก่อรอบ	
	SSE1,38 dom= 1		berolos	e.fan
	Dan Dym)	Lenner	P. Salar	
	11008 NOW	e Mives	Je to spile	
reille- Loveville,	Catherine C. Sone			y en
ate to	6.19	Coronary		
		Trans		
	Legarettown, 3d.	(1) NO (1)	Aller D. Soy	
				Luisa

TO SUITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be into within 24 hours after the page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event print in the death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
o. COUNTY St. Mary's MARYLAND	o. STATE Maryland b. COUNTY St. Mary's
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give naerest town)
Leonardtown 14 hrs.	Abell
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
St. Mary's Hospital	YES NO T
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer
(Type or print) William Hosea	Sorrell June 30, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Colored WIDOWED DIVORCED 1	April 4,1902 59 yrs. 10013 10013
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Handyman	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hosea Sorrell	Maria Johnson
	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewarordefesofsarvice) No	Pearl T. Sorrell Abell, Maryland
18. CAUSE OF DEATH [Enter only one cause for (e), (b), end (c).]	1 - INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lust darliere 27 hours
450,0 DUE TO M	CA A . I
1 lb and a state of the state o	ul arline mensia.
gave rise to immediate cause	
(a), stating the underlying DUE TO	
ceusa lest. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	Y Marity YES NO X
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIPE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Pert II of item 18.)
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIPE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. Letter relate of injury in ferr for four in or item to y
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PL While Not While factor work et work et work	1
21. I certify that (I) (this hospital) attended the deceased from	30/fine 10/ to 30 June , 1941, that (1) (we) iasi
saw the deceased alive on 30 19	at death occured at
22e.7SIGNATURE	1 22b, DATE
Want 1 (0 mm	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 1 2 SIGNED
220 PHYSICIAN'S	22d. ADDRESS
NAME (Type) Ernest Rehm M. D.	Lexington Park, Maryland
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial Specify 7/4/61 Sacred He	Bushwood, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
W. Clarke Mattingley Leonardtown, Maryla	nd DATE JUL 5 '61 archus S. Kraus

100 mm. 12 THE LOCAL PLANTS I Minister a Maria Minister a literact a kindle 11.31b Acceptable lied of the Street and 子上与人的人人的人工的一个人的人工 American decomposition described and a service of the service of t Anelyses thickers tookers took any land engels w

Se exe		matian	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please executed because the pertificate writing the world "pending" in pending in them 18. Give Pages 1.2 and 3 to the real director.	ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to your files.	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar priar ta burial, crematian	1
essary	200	a burig	/
is ne	.s.	oriar h	
delay	our file	istrar	
	T.	reg	
16	P	the	
death.	etaine	2 with	
after	y be r	pup	
hours	5 ma	oges 1	
n 24	Page	ile p	
withi	M3.	ii. F	
bet a	rm P	pern	
exec	ith fe	ansit	
ld be	M Bu	rial-ti	
shau	e ala	a po	
cate	Office	d as	
ertifi	er's	e use	
This o	amin	old b	
E	al E	3 sha	
AMIN th	Medic	age	
EX	nief /	OR: F	
OICA!	he Cl	RECTO	
MEL	ta t	I DI	-
PUTY	dec	VERA	maya
DE	Z	5	Tr re
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VS.	1154	AE(5)

SM 9/55

		MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18				
	7182 MEDICAL EXAMINER'S CERTIFICATE OF DEATH						
	1. [PLACE OF DEATH G. COUNTY C + 11	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE AAA 1 b. COUNTY				
		D. CITY OR TOWN (If outside corporate limits, frite RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	F	and give nearest town) Chaptico Life	X Rusa 1 Chaptica				
/	d	d. NAME OF HOSPITAL BR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 7 NO				
	- 1	NAME OF DECEASED (Type or print) Paragraph	Lost 4. DATE Month Day Year				
	5. \$	0. 10114.	8. DATE OF BIRTH 9. AGE (In years IF UNDER 14EAS) IF UNDER 24 HRS.				
		M WIDOWED DIVORCED	July 291913 Ly 7 yrs. Months Days Hours Min.				
	100	i. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS Juring most of working life, eyen if retired)	11./BIRTHPLACY (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	William L. Vallingham Bessie M. Quade 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Bessie M. Heilden nding he may be the many liftyes, give war or dates of service)							
		IB. CAUSE OF DEATH [Enter only one cause per line for (o), (a), ond (c).] PART I. DEATH WAS CAUSED BY:	tràn burns massive interval Between Md.				
	3	IMMEDIATE CAUSE (o)					
		Conditions, if any, which) (b)					
		gove rise to immediate cause (0), stating the underlying DUE TO					
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY				
	CATIC		PERFORMED?				
2	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. Accidental	(Enter noture of injury in Port I or Port II of item 18.)				
0	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PU While of work of work of work	ACE OF INJURY (Home, form, 2016. (City or town), topy, street, office bldg., etc.) Chaptics, St. May), Md.				
2	21. I certify that I look charge of the remains described above, held an Autopsy 🔀, Inspection 🔲, Inquiry 🔲, and find that						
	deoth resulted from: Noturol couses . Accident . Suicide . Homicide . Undetermined couse .						
2	ACTUAL SIGNATURE DATE SIGNED DATE SIGNED						
Ŭ		EXAMINER'S W. Bradley King, Jr.	ASSISTANT MEDICAL EXAMINER D				
	220	Burial Cremation, 226. Date thereof / 22c. Name of Cemetery of Burial 6/20/61 Sacred Heart					
	-	Burial 6/20/61 Sacred Heart FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE				
		.Clarke Mattingley Leonardtown, Maryle	100 161 (instrument of the				

FOR STATE TO DIE X MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. We delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any sent within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where d		lence before edmission
St. Marys	MARYLAND	. STATE Maryland	b. COUNTY St.	Marys
b. CITY OR TOWN (if outside corporete limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside cor		
write RURAL end give neerest town)		Y D4 2		
d. NAME OF HOSPITAL OR INSTITUTION (if not in t	hospital sive street address?	Ridge d. STREET ADDRESS		I - IC DECIDENCE
G. NAME OF HOSPITAL OR HASHIOTION (II NOT III)	jospilei, give siteer edatess)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Rural		Rural	- 64 U ZOB C 25 E	YES NO
NAME OF First DECEASED	Middle	Last 4. DATE OF	Month De	y Yeer
(Type or print)	TRAVIS VES	STAL DEATE	June 17	1967
. SEX 6. COLOR OR RACE 7. MAR			. AGE (In years IF UNDER 1 YEA	R IF UNDER 24 HRS.
		Tomponer 1049	last birthdey) Months Oeys	Hours Min.
414	KIND OF BUSINESS OR INDUSTR		10	OF WHAT COUNTRY
one during most of working life, even if retired)				
Life Guard	Hotel	F hiladelphis	, Penn. USA	1
. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Alton Leo Ves	stal	Lois M. Kett	ner	
. WAS DECEASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
es, no, or unkown) (Ifyesgivewerordetesofservice)	216 40 9599	Wannan Bradhur	n - Pidao Ma	has Iven
18. CAUSE OF DEATH [Enter only one cause pe	216 40 8583 er line for (e), (b), end (c),]	Warren Bradbur	II - VIOSE, IME	INTERVAL BETWEEN
	2 EREBRA!	HEMORBHA		ONSET AND DEATH
IMMEDIATE CAUSE (e)	- CHEON IF	1) CHOKE INTO	,	0
8/2 X DUE TO	04 11	FRATURE		. ~
Conditions, if eny, which (b)	D/ U44	TUBOLONE		0
geve rise to immediate cause (e), stating the underlying DUE TO		1.151 - 5	1	
cause lest. (c)	IRAUMA (HII by AULO		
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
				PERFORMED?
20e. EXTERNAL CAUSE WAS 20b. 0ES	COIRE HOW INTURY OCCUPED A	inter neture of injury In Pert I or Pert II o	fitem IR \	YES NO X
PRIMARY or CONTRIBUTING	CRIBE HOW INJURY OCCURED. (E	mer neture or injury in Perr I of Perr II o	nem ip.)	
CAUSE OF DEATH.				
		CE OF INJURY (Home, ferm, 2Df. (Cit ory, street, office bldg., etc.)	y or town) (County)	(Stete)
11:15 P.m. 6/17:061 of w	work of work X Stat	te highway Point	Lookout.St.	Marvs. M
21. I certify that I took charge of the re				
part of the second seco				io in my opinion
death resulted from: Natural causes	Suice Suice		determined manner	
he as P	110 lac	CHIEF MEDICAL EXAMINER		
SIGNATURE SIGNATURES	· yawre	M.O. ASSISTANT MEDICAL EXAMIN	IER	DATE SIGNED
EXAMINER James P. Jart	ove. MD	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or		6/18/6
BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		TION (City, town, or country)	(State)
Burtal 6/20/61	St. Michael	ls Cem. Rids		
(FUNDAMENT)	AODRESS	24e. REC'O BY REGIST	RAR 246. REGISTRAR'S SIGNA	ATURE
P. Robinson - Lear	.bM muothren	ONUN 21 '61	arthur & House	A

ENTELL .JO Point Educatt James AL 1881 granual 83 14 -tentte . sign post sign set morie Santymol , ending - from product - widge, Manyland CLAUSE JE TENDES 31012 JABET 27018 IN PERSON HOLD BY POTE 11.15 - C. IV. diese D. - B. Tiere bishest Point Docksut, St. Maryer Emple I Warren the complete of the state of th Surjal - 5/20/61 St. Michaels Com. Hidge, savien